

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------|----------|--------|---------|
| FEE DETERMINATION | SD | 71058 | 1-11-99 |
| O.L.P.E. CLASSIFIER | | 10 | 1-13-99 |
| FORMALITY REVIEW | OK | 75121 | 125/99 |

INDEX OF CLAIMS

☒ Rejected
☐ Allowed
☐ (Through numeral) Canceled
☐ Restricted

 N Non-elected
 I Interference
 A Appeal
 O Objected

| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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Best Available Copy

If more than 150 claims or 10 actions
staple additional sheet here